**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 28, 2015**
**Secretary of State**
**CC6658126617**

DOCUMENT# L14000086459

**Entity Name:** NO EXCUSES FISHING, LLC

**Current Principal Place of Business:**

6004 WHISPERING TREES LANE
PORT ORANGE, FL 32128

**Current Mailing Address:**

6004 WHISPERING TREES LANE
PORT ORANGE, FL 32128

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

FULLER, LANCE G
6004 WHISPERING TREES LANE
PORT ORANGE, FL 32128 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

SIGNATURE:

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MGRM |
| Name | BURKE, KIMBERLY M |
| Address | 6004 WHISPERING TREES LANE |
| City-State-Zip: | PORT ORANGE FL 32128 |

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: KIMBERLY BURKE 04/28/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date